

Work Order ID 113729

February-24-14 10:02:20 AM

113729

Page 1

Item ID: 646.3710

Accept

N9000040100

Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Doubler

Start Date: 2/24/14 Start Qty: 8.00

Cust Item ID:

Required Date: 2/24/14 Req'd Qty: 8.00

Customer:

Reference:

Approvals: Process Plan: MLJ Date: 14-02-25 Tooling:

Run Start ***NR1***

QC: Date: SPC (Y/N):

Stop ***NR2***

| Sequence ID/ Work Center ID | Operation Description | Set Up/ Run Hours | Tool ID | Tool # | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

| Draw Nbr | Revision Nbr |
|----------|--------------|
|----------|--------------|

| | |
|----------|---|
| 646.3700 | A |
|----------|---|

110

0.00

110

Purchasing

Memo

0.00

Purchasing

Issue P/O: 23155

Manufacture as per dwg

Possible supplier: SOUTHLANDFABRICATION

Material release note is required.

CL 14/02/26 30

120

Receive & Inspect for Damage & Mat'l Certs

0.00

120

Packaging

Memo

0.00

Packaging

14/3/31 (30)

130

QC6- Inspect dimensions to drawing

0.00

130

QC

Memo

0.00

Quality Control

DAS
27
14/3/31

30

APR 07 2014

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

| | | | | | | | | | | | | | | | | | | |
|--|--|--|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--|----------------------------------|--|------------------------------------|--|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____ Part No. _____ NCR No. _____ | DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/> | AGAINST DEPARTMENT/PROCESS <table style="width:100%; border: none;"> <tr> <td style="width:15%;">Skid-tube <input type="checkbox"/></td> <td style="width:15%;">Crosstube <input type="checkbox"/></td> <td style="width:15%;">Water Jet <input type="checkbox"/></td> <td style="width:15%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> | Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> | |
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| Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> | | | | | | | | | | | | | | | | |

| Root Cause | Date | Step | Qty | Description of work order update or non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|---------------|------|------|-----|---|-------------------|--------------------|-------------|--------------|--------------|
| Design | | | | | | | | | |
| Doc/Data | | | | | | | | | |
| Equip/Tooling | | | | | | | | | |
| Handling/Pre | | | | | | | | | |
| Material | | | | | | | | | |
| Operator | | | | | | | | | |
| Offset/Setup | | | | | | | | | |
| Process | | | | | | | | | |
| Supplier | | | | | | | | | |
| Training | | | | | | | | | |
| Transport | | | | | | | | | |
| Unapproved | | | | | | | | | |

FAULT CATEGORY

| | | | |
|--|--|---|--|
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function | <input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence | <input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other |
|--|--|---|--|

Work Order ID 113729

February-24-14 10:02:20 AM

113729

Page 2

Item ID: 646.3710

Accept

N9000040100

Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Doubler

Start Date: 2/24/14 Start Qty: 8.00

8

Cust Item ID:

Required Date: 2/24/14 Req'd Qty: 8.00

8

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Run Start ***NR1***
Stop ***NR2***

| Sequence ID/ Work Center ID | Operation Description | Set Up/ Run Hours | Tool ID | Tool # | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|--------------------------------|---|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 140 | Outsource process-Anodize per QSI017 4.1.10.1 | 0.00 | | | | | | | |
| *140* | | | | | | | | | |
| Outsource4 | Memo | 0.00 | | | | | | | |
| Outsource process - Anodize | Issue P/O to ATG : _____ | | | | | | | | |
| | 1- Black Anodize as per Dwg 646.3700 | | | | | | | | |
| | 2- PRIME AS PER DWG, SEE NOTE #2 | | | | | | | | |
| | Certification of Conformity is required | | | | | | | | |
| 150 | Receive & Inspect for Damage & Mat'l Certs | 0.00 | | | | | | | |
| *150* | | | | | | | | | |
| Packaging | Memo | 0.00 | | | | | | | |
| Packaging | | | | | | | | | |
| 160 | QC5- Inspect part completeness to step on W/O | 0.00 | | | | | | | |
| *160* | | | | | | | | | |
| QC | Memo | 0.00 | | | | | | | |
| Quality Control | | | | | | | | | |

*anodize +
prime @
Southland.*

*DAS
27
9-89
N/A 11/3/13*

ATG

ST 524 -> 80 Box 14-4-2.

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

| | | | | | | | | | | | | | | | | | | |
|--|--|---|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--|----------------------------------|--|------------------------------------|--|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____ Part No. _____ NCR No. _____ | DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/> | AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> | Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> | |
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| Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | | | | | | | | | | | | | | | |
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| Root Cause | Date | Step | Qty | Description of work order update or non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|---------------|------|------|-----|---|-------------------|--------------------|-------------|--------------|--------------|
| Design | | | | | | | | | |
| Doc/Data | | | | | | | | | |
| Equip/Tooling | | | | | | | | | |
| Handling/Pre | | | | | | | | | |
| Material | | | | | | | | | |
| Operator | | | | | | | | | |
| Offset/Setup | | | | | | | | | |
| Process | | | | | | | | | |
| Supplier | | | | | | | | | |
| Training | | | | | | | | | |
| Transport | | | | | | | | | |
| Unapproved | | | | | | | | | |

FAULT CATEGORY

| | | | |
|--|--|---|---|
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function | <input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence | <input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other _____ _____ _____ |
|--|--|---|---|

Work Order ID 113729

February-24-14 10:02:20 AM

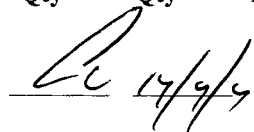
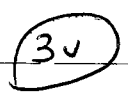
113729


Page 3

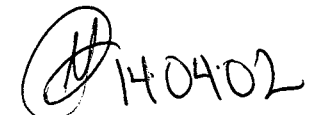
| | | | | |
|------------------------|-----------------|----------------------|---------------|--------------|
| Item ID: 646.3710 | Accept | *N9000040100* | Setup Start | *NS1* |
| Revision ID: | | | Stop | *NS2* |
| Item Name: Doubler | | | | |
| Start Date: 2/24/14 | Start Qty: 8.00 | *8* | Cust Item ID: | |
| Required Date: 2/24/14 | Req'd Qty: 8.00 | *8* | Customer: | |
| Reference: | | | | |

| | | | | | | |
|------------|---------------------|-------------|------------------|-------------|-----------|--------------|
| Approvals: | Process Plan: _____ | Date: _____ | Tooling: _____ | Date: _____ | Run Start | *NR1* |
| | QC: _____ | Date: _____ | SPC (Y/N): _____ | Date: _____ | Stop | *NR2* |

| Sequence ID/ Work Center ID | Operation Description | Set Up/ Run Hours | Tool ID | Tool # | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|--------------------------------|---|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 190 | Receive & Inspect for Damage & Mat'l Certs | 0.00 | | | | | | | |
| *190* | | | | | | | | | |
| Packaging | Memo | 0.00 | | | | | | | |
| Packaging | ***IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV*** | | | | | | | | |
| 200 | QC21- Final Inspection - Work Order Release | 0.00 | | | | | | | |
| *200* | | | | | | | | | |
| QC | Memo | 0.00 | | | | | | | |
| Quality Control | | | | | | | | | |





DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

| | | | | | | | | | | | | | | | | | | |
|--|--|---|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--|----------------------------------|--|------------------------------------|--|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____ Part No. _____ NCR No. _____ | DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/> | AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> | Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> | |
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| Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> | | | | | | | | | | | | | | | | |

| Root Cause | Date | Step | Qty | Description of work order update or non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|---------------|------|------|-----|---|-------------------|--------------------|-------------|--------------|--------------|
| Design | | | | | | | | | |
| Doc/Data | | | | | | | | | |
| Equip/Tooling | | | | | | | | | |
| Handling/Pre | | | | | | | | | |
| Material | | | | | | | | | |
| Operator | | | | | | | | | |
| Offset/Setup | | | | | | | | | |
| Process | | | | | | | | | |
| Supplier | | | | | | | | | |
| Training | | | | | | | | | |
| Transport | | | | | | | | | |
| Unapproved | | | | | | | | | |

FAULT CATEGORY

| | | | |
|--|--|---|---|
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function | <input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence | <input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other _____ _____ _____ |
|--|--|---|---|

Picklist Print

February-24-14 10:02:20 AM

Page 1

Work Order ID: 113729

113729

Parent Item: 646.3710

646 3710

Parent Item Name: Doubler

Start Date: 2/24/14

Required Date: 2/24/14

Start Qty: 8.00

Required Qty: 8.00

Comments: IPP REV:A 12.12.19 NEW ISSUE DD VERF:JLM

| Component Item ID/ Item Name | Replacement Item ID | Mfg/ Purch | Bin Item | Primary Location | Last Location | Route Seq ID | Unit of Measure | Qty on Hand | Qty per Kit | Total Qty | Qty Issued | Date Issued | Status |
|--|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|---------------|---------------|----------------|--------|
| 646.3710P *646 3710P* Doubler | | Manufactured | No | | | | Each | 0.0000 | | 8 | | | |
| | | | | | | | | | ** | Pry/3/31 (30) | | | |

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

| | | | | | | | | | | | | | | | | | | |
|--|--|---|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--|----------------------------------|--|------------------------------------|--|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____ Part No. _____ NCR No. _____ | DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/> | AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> | Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> | |
| Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | | | | | | | | | | | | | | | |
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| Root Cause | Date | Step | Qty | Description of work order update or non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|--|------|------|-----|---|-------------------|--------------------|-------------|--------------|--------------|
| Design <input type="checkbox"/> | | | | | | | | | |
| Doc/Data <input type="checkbox"/> | | | | | | | | | |
| Equip/Tooling <input type="checkbox"/> | | | | | | | | | |
| Handling/Pre <input type="checkbox"/> | | | | | | | | | |
| Material <input type="checkbox"/> | | | | | | | | | |
| Operator <input type="checkbox"/> | | | | | | | | | |
| Offset/Setup <input type="checkbox"/> | | | | | | | | | |
| Process <input type="checkbox"/> | | | | | | | | | |
| Supplier <input type="checkbox"/> | | | | | | | | | |
| Training <input type="checkbox"/> | | | | | | | | | |
| Transport <input type="checkbox"/> | | | | | | | | | |
| Unapproved <input type="checkbox"/> | | | | | | | | | |

FAULT CATEGORY

| | | | |
|--|--|---|---|
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function | <input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence | <input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other _____ _____ _____ |
|--|--|---|---|

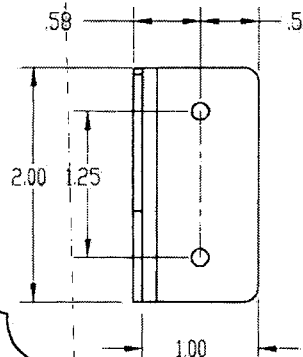
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|--|---|------------------------|-----------------------|-----------------|---|--|
| APICAL INDUSTRIES, INC. | ENGINEERING CHANGE NOTICE NO. 03702 | | | | SHEET 1 OF 2 | |
| | DWG NO. 646.3700 | REV: A | PREPARED BY B. PETERS | DATE: 11/15/12 | EFFECT ON DWG <input type="checkbox"/> INC. <input checked="" type="checkbox"/> UNINC. | |
| | DWG TITLE: SHEETMETAL | | | | | |
| | APPROVED BY: ENGR <i>[Signature]</i> | MFG <i>[Signature]</i> | QC <i>[Signature]</i> | EFF: NEXT ORDER | | |
| TRANSACTION CODES (TC): A-ADD C-CREATE R-REVISE D-DELETE | REASON: ADDED ALTERNATE MATERIAL AND REVISED REFERENCE DIMENSIONS | | | | ECR: D-12-010 | |

SHEET 1, ZONE A2 IS:

IS

△ PRIMARY MATERIAL: ALUMINUM 6061-T6 PER AMS-QQ-A-250/11
ALTERNATE MATERIAL: SS 17-4 PH PER AMS 5604

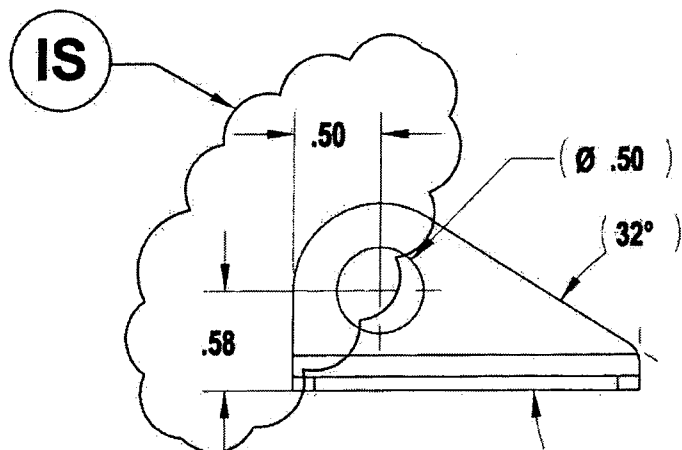
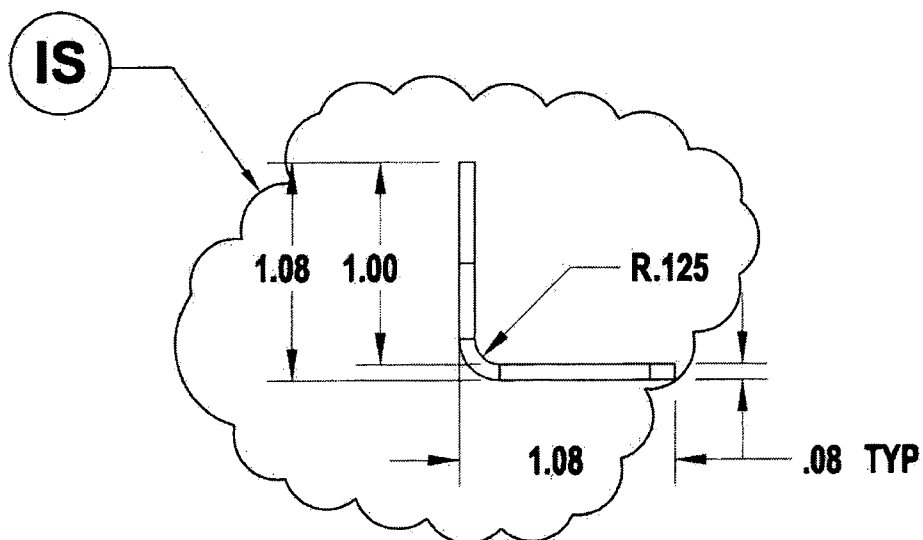
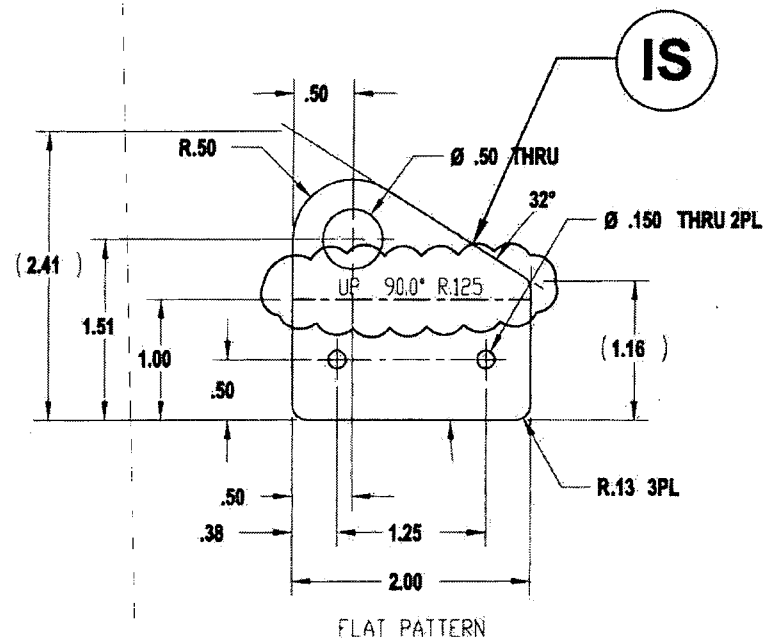
IS



SHEET 7, ZONE B1 IS:

113729 MJS
1402-25

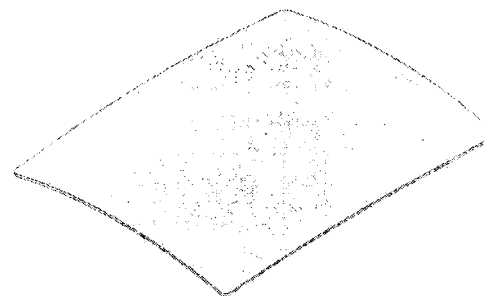
| F/N | TC | PART NUMBER | QTY | DESCRIPTION | MATERIAL | SPECIFICATION |
|--|----|-------------|-----|-------------|--|---|
| DOCUMENTS EFFECTED: | | | | | CHANGE CATEGORY | DER REVIEW REQUIRED |
| <input type="checkbox"/> RFMS <input type="checkbox"/> MDL <input type="checkbox"/> INSTALL INSTRU <input type="checkbox"/> ICA <input type="checkbox"/> BOM | | | | | <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> MINOR | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

**SHEET 7, ZONE C4 IS:****SHEET 7, ZONE D1 IS:****SHEET 7, ZONE B7 IS:**

| F/N | TC | PART NUMBER | QTY | DESCRIPTION | MATERIAL/SPECIFICATION |
|-----|----|-------------|-----|-------------|------------------------|
|-----|----|-------------|-----|-------------|------------------------|

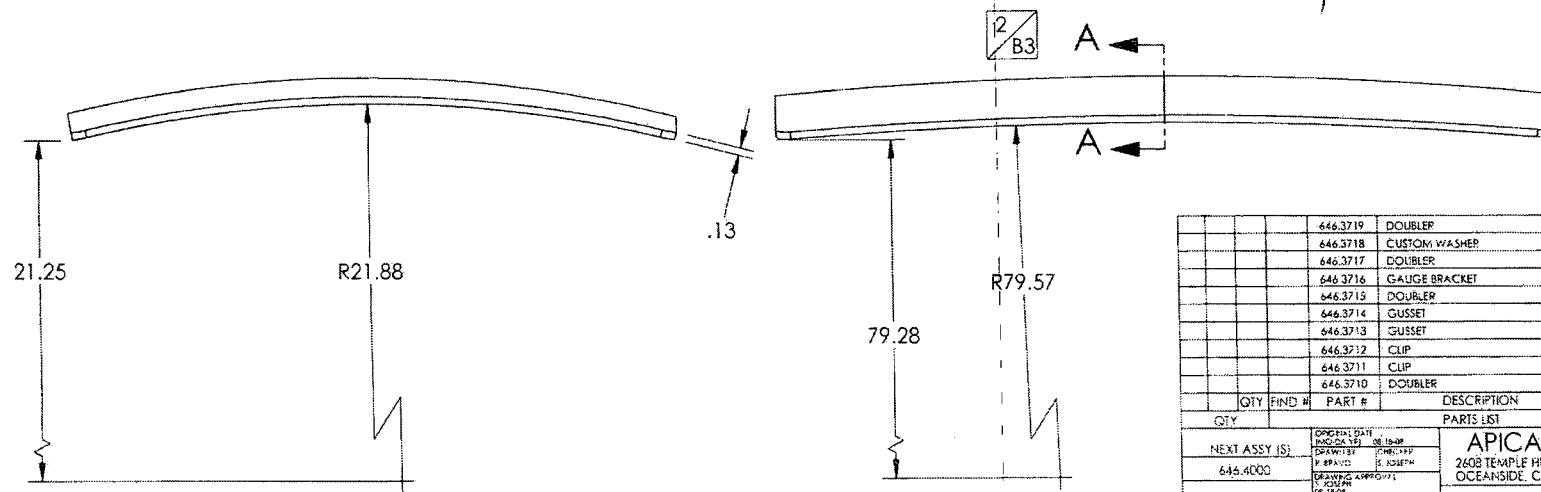
| REVISION | | | |
|----------|------------------------|---------|----------|
| REV. | DESCRIPTION | DATE | APPROVED |
| 1 | INCORPORATED ECR 02198 | 8/10/83 | PER |
| | | | |
| | | | |

1. MATERIAL: ALUMINUM 6061-T6 PER AMS-QQ-A-250/11
2. FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III, CLASS 2, COLOR BLACK;
CARDINAL 4860-50 PRETREATMENT PRIMER
PRIME IAW MIL-P-23377J TYPE I CLASS N
3. MATERIAL: 17-4 PH AMS 5604, CONDITION H900
4. FINISH: PRIME IAW MIL-P-23377J TYPE I CLASS N
5. DEBURR AND BREAK ALL SHARP EDGES
6. IDENTIFY IAW MPP-120



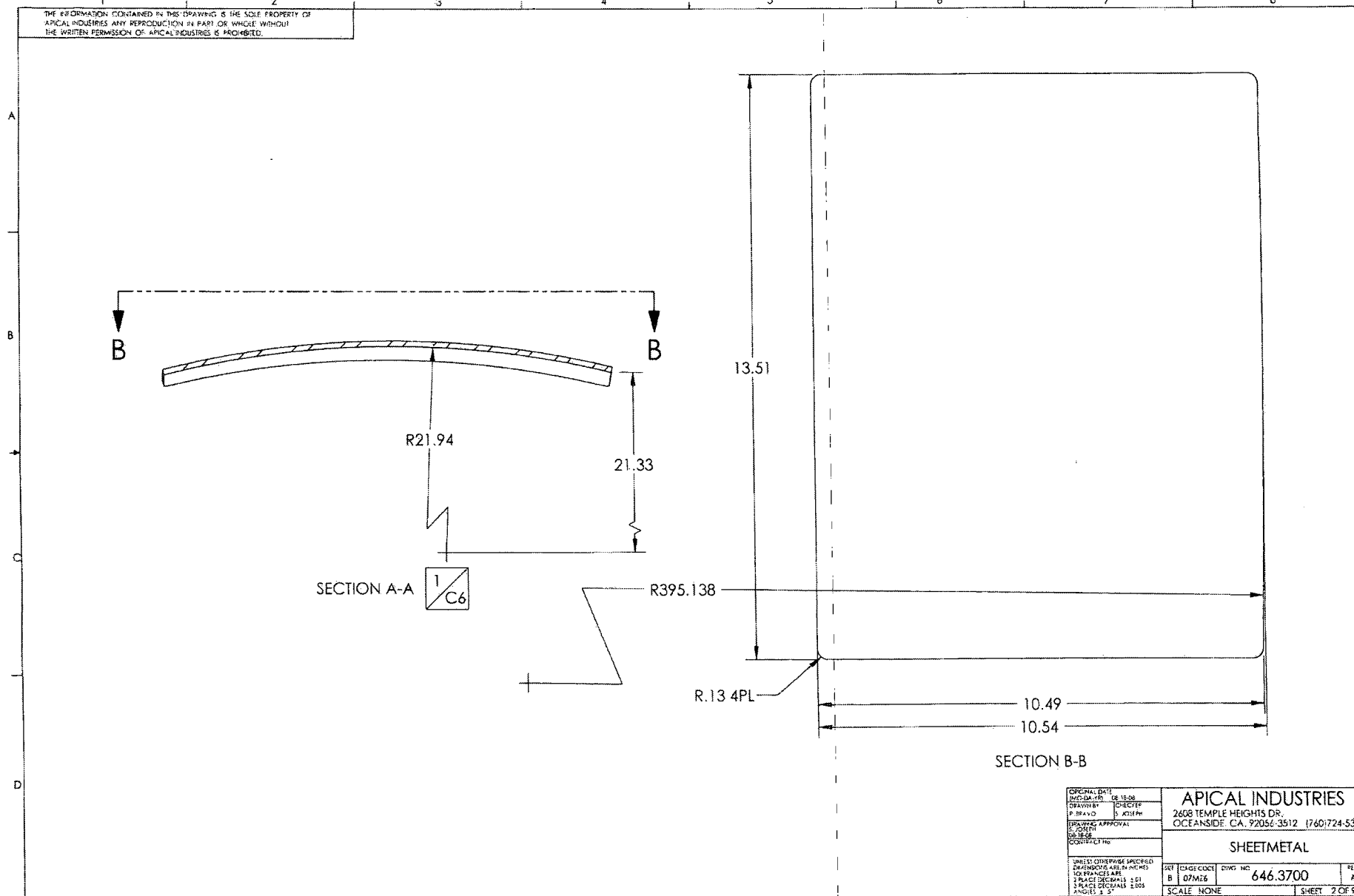
UNINCORPORATED ECN(S)

03703



| | | 666.3719 | DOUBLER | A | A |
|---|--------|----------|--|----------|-------|
| | | 666.3718 | CUSTOM WYASHER | A | A |
| | | 666.3717 | DOUBLER | A | A |
| | | 666.3716 | GALUGE BRACKET | A | A |
| | | 666.3715 | DOUBLER | A | A |
| | | 666.3714 | GUSSET | A | A |
| | | 666.3713 | GUSSET | A | A |
| | | 666.3712 | CLIP | A | A |
| | | 666.3711 | CLIP | A | A |
| | | 666.3710 | DOUBLER | A | A |
| QTY | FIND # | PART # | DESCRIPTION | MAT'L | SPEC. |
| | | | PARTS LIST | | |
| NETX ASSY IS: | | | SHEET METAL INDUSTRIES | | |
| 666.4000 | | | 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5303 | | |
| ORIGINAL DATE REWORKED BY P# REV'D DRAWING APPROV'S DATE OF ISSUE DESIGN-CITY INC. | | | \$HEETMETAL | | |
| | | | UNLESS OTHERWISE SPECIFIED: DIMENSIONS ARE IN DECIMALS TOLERANCES APL: 3 PLACE DECNLS = .001 FRACTIONS = 1/32" HOLE DIA. > 1/2" | | |
| SCALE NONE | | | SIZE CADA CODE BOW NO B OZMAS | 666.3700 | |
| | | | REV A SHEET 1 OF 9 | | |

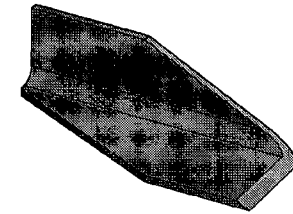
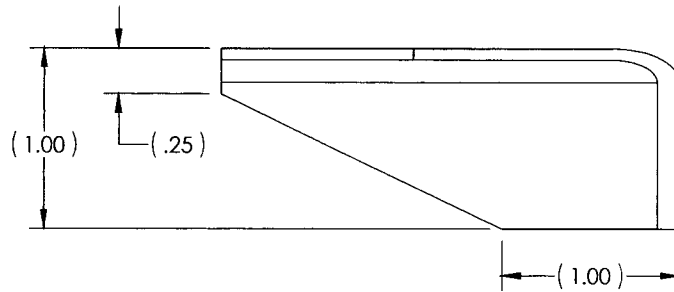
THE INFORMATION CONTAINED IN THIS DRAWING IS THE SOLE PROPERTY OF APICAL INDUSTRIES. ANY REPRODUCTION IN PART OR WHOLE WITHOUT THE WRITTEN PERMISSION OF APICAL INDUSTRIES IS PROHIBITED.



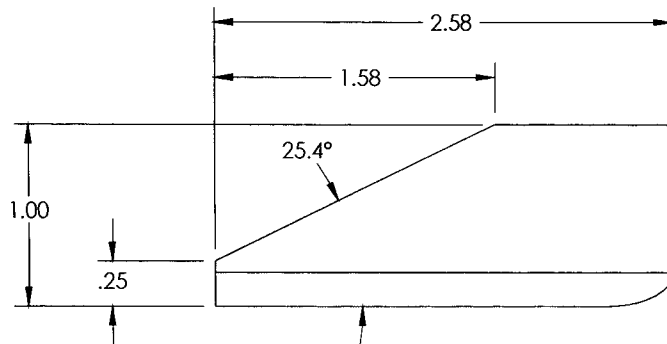
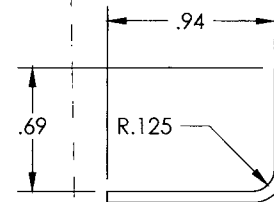
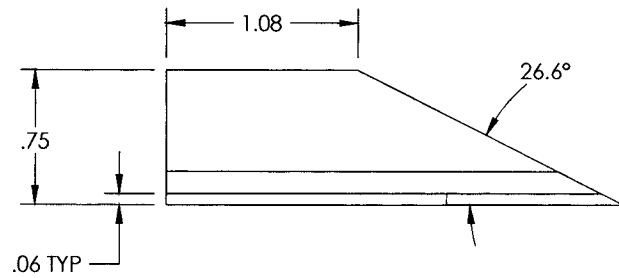
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|--|--|---|----------|
| ORIGINAL DATE REVISED DATE 08-10-08 | | APICAL INDUSTRIES | |
| DRAWN BY P. BRAYO | | 2608 TEMPLE HEIGHTS DR. | |
| CHECKED BY S. MOSEPH | | OCEANSIDE, CA. 92056-3512 (760)724-5300 | |
| DRAWING APPROVAL C. COHEN | | SHEETMETAL | |
| TITLE CONSOLE LIT. HUB | | 646.3700 | |
| UNLESS OTHERWISE SPECIFIED: DIMENSIONS ARE IN INCHES TOLERANCES ARE: 1 PLACE DECIMALS ±.01 2 PLACE DECIMALS ±.005 ANGLES ±.5° | | REV B 07/06 | REV A |
| SCALE NONE | | SHEET 2 OF 9 | |

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| REVISIONS | | | |
|-----------|-------------|------|----------|
| REV. | DESCRIPTION | DATE | APPROVED |
| | | | |



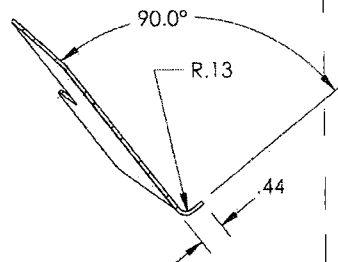
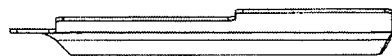
646.3711 SHOWN
646.3712 OPPOSITE



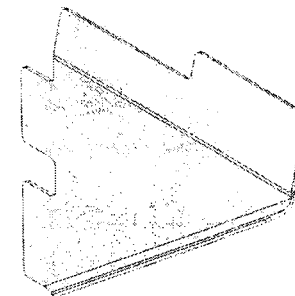
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|--|---|--|----------------------|
| NEXT ASSY (S) | ORIGINAL DATE 08-10-08 | APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760) 724-5300 | |
| | DRAWN BY P. BRAVO | | |
| | CHECKER S. JOSEPH | SHEETMETAL | |
| | DRAWING APPROVAL S. JOSEPH 08-10-08 | | |
| CONTRACT NO. | | SHEET CODE B 07M26 | DWG. NO. 646.3700 |
| UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: 1 PLACE DECIMALS ± .01 2 PLACE DECIMALS ± .005 ANGLES ± .5° | | SCALE: NONE | REV. A |
| | | SHEET 3 OF 9 | |

THE INFORMATION CONTAINED IN THIS DRAWING IS THE SOLE PROPERTY OF APICAL INDUSTRIES AND REPRODUCTION IN WHOLE OR IN PART WITHOUT THE WRITTEN PERMISSION OF APICAL INDUSTRIES IS PROHIBITED.

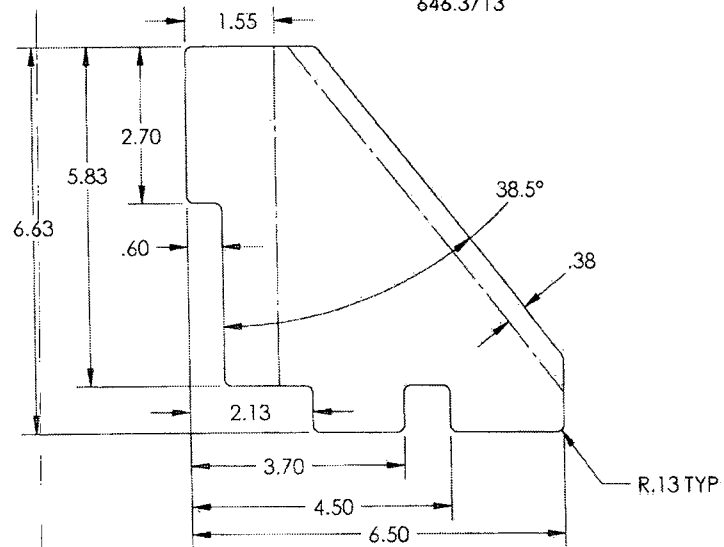
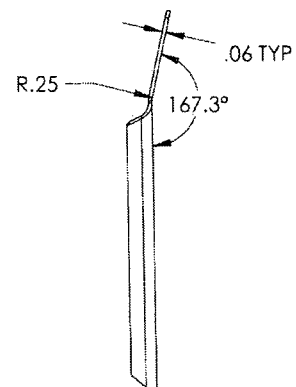
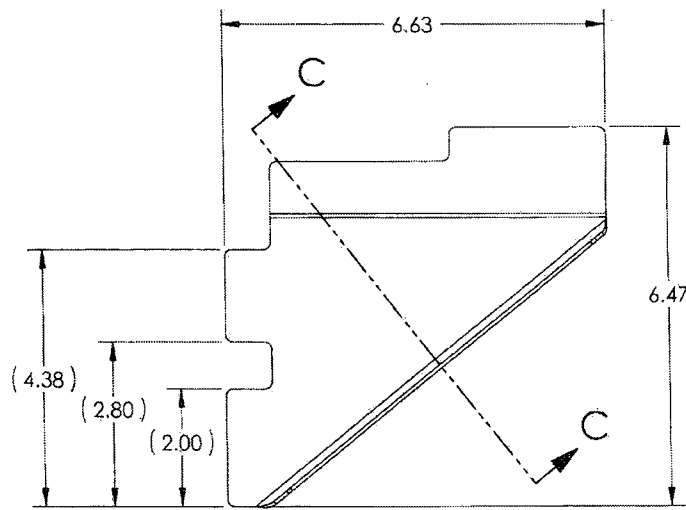
| REVISION | | | |
|----------|-------------|------|----------|
| REV | DESCRIPTION | DATE | APPROVED |
| | | | |



SECTION C-C



646.3713

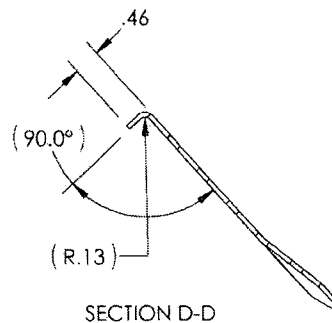


FLAT PATTERN

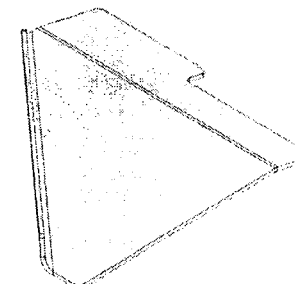
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|---|---------------------|-------------------------|--|------------------------|
| NEXT ASSY IS: | | ORIGINAL DATE: 02-19-06 | APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300 | |
| DRAWN BY: P. B. W. D. | CHECKED: S. JOHNSON | DATE: 02-19-06 | | |
| DATE: 02-19-06 | BY: S. JOHNSON | DATE: 02-19-06 | | |
| CONTROL NO: | | | | |
| UNLESS OTHERWISE SPECIFIED, DIMENSIONS ARE IN INCHES. TOLERANCES ARE: .0015" DECIMALS, .001" FRACTIONS, .001" ANGLES. | | | QTY: 1 CAGE CODE: 07M26 DWG NO: 646.3700 SCALE: NONE | REV: A SHEET 4 OF 9 |

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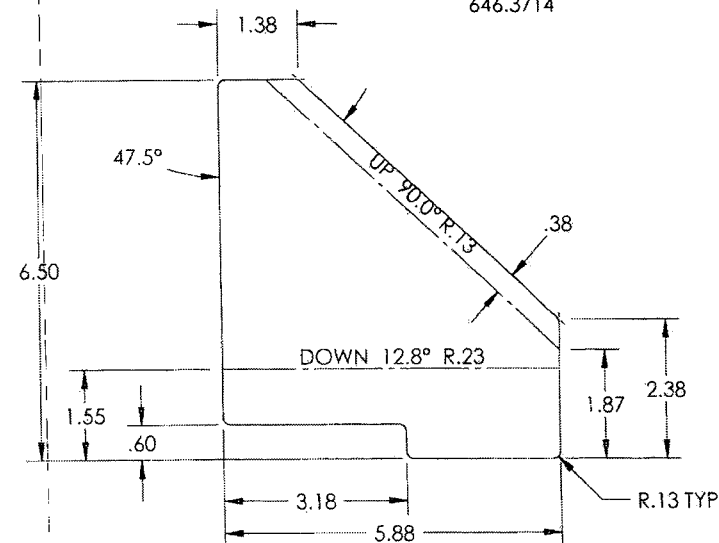
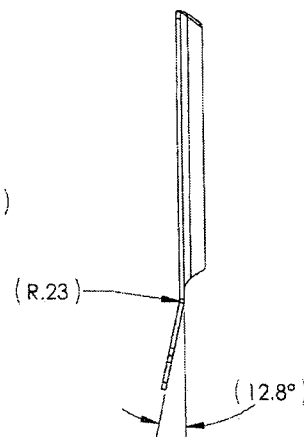
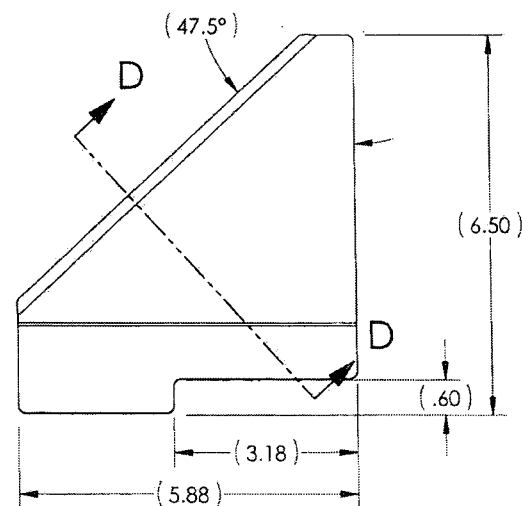
| REV. | DESCRIPTION | DATE | APPROVED |
|------|-------------|------|----------|
| | | | |
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SECTION D-D



646.3714

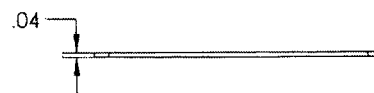
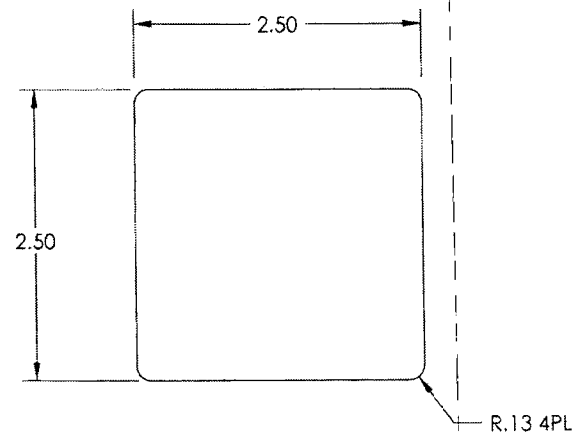


FLAT PATTERN

| | | | |
|---|------------------------------|----------------------|---|
| ORIGINAL DATE 10/25/2011 | BY P. BRAYO | CHECKED C. JOSEPH | APICAL INDUSTRIES 2609 TEMPLE HEIGHTS DR. OCEANSIDE, CA 92056-3512 (760) 724-5300 |
| DRAWING APPROVAL C. JOSEPH | DATE 10/25/2011 | | SHEETMETAL |
| UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: FRACTIONS DECIMALS ±.01 ANGLES ±.5° | REF. CHG. CODE B. 07/2016 | DWG. NO. 646.3700 | REV. A |
| | SCALE NONE | | SHEET 5 OF 9 |

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APICAL INDUSTRIES ANY REPRODUCTION IN PART OR WHOLE WITHOUT
THE WRITTEN PERMISSION OF APICAL INDUSTRIES IS PROHIBITED.

| REVISIONS | | | |
|-----------|-------------|------|----------|
| REV | DESCRIPTION | DATE | APPROVED |
| | | | |

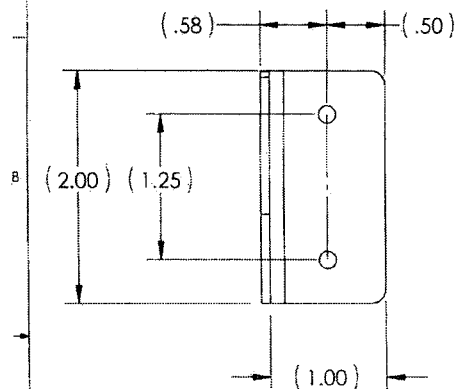


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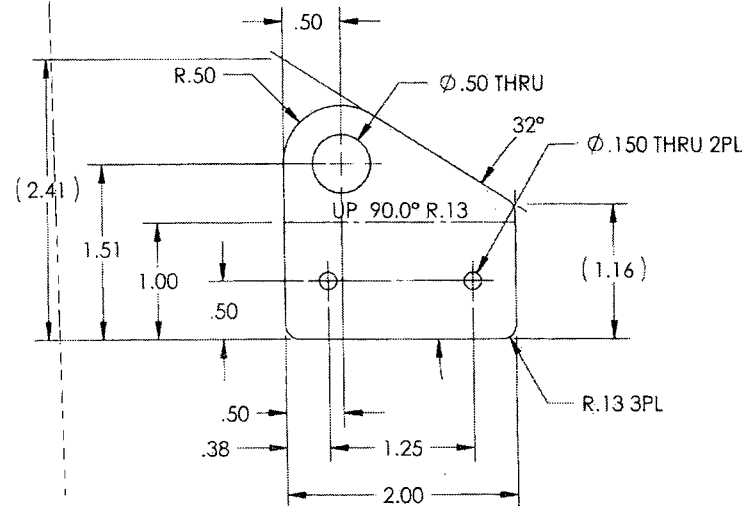
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|---|--|---------------------------|--|----------|
| NEXT ASSY (S) | | ORIGINAL DATE 08-18-08 | APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300 | |
| DRAWN BY P. BRAVO | | CHECKED BY S. ZOSLERN | | |
| DESIGNED BY P. BRAVO | | APPROVED BY P. BRAVO | | |
| DATE 08-18-08 | | QUANTITY 1 | | |
| UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: FRACTIONS DECIMALS ANGLES 1/16" 0.0001" 1/16" | | | SHEET CODE B | REV A |
| SCALE: NONE | | | SHEET NO. 646.3700 SHEET 4 OF 5 | |

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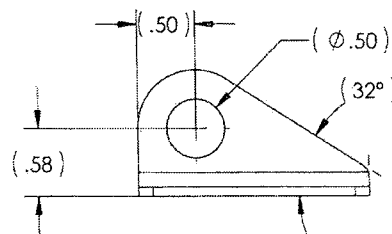
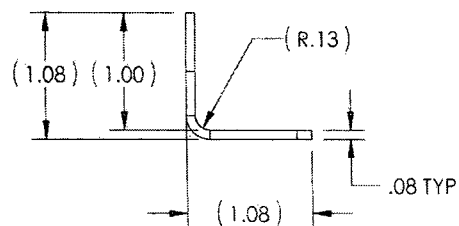
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|---------|-------------|------|----------|
| REV | DESCRIPTION | DATE | APPROVED |
| | | | |



646.3716



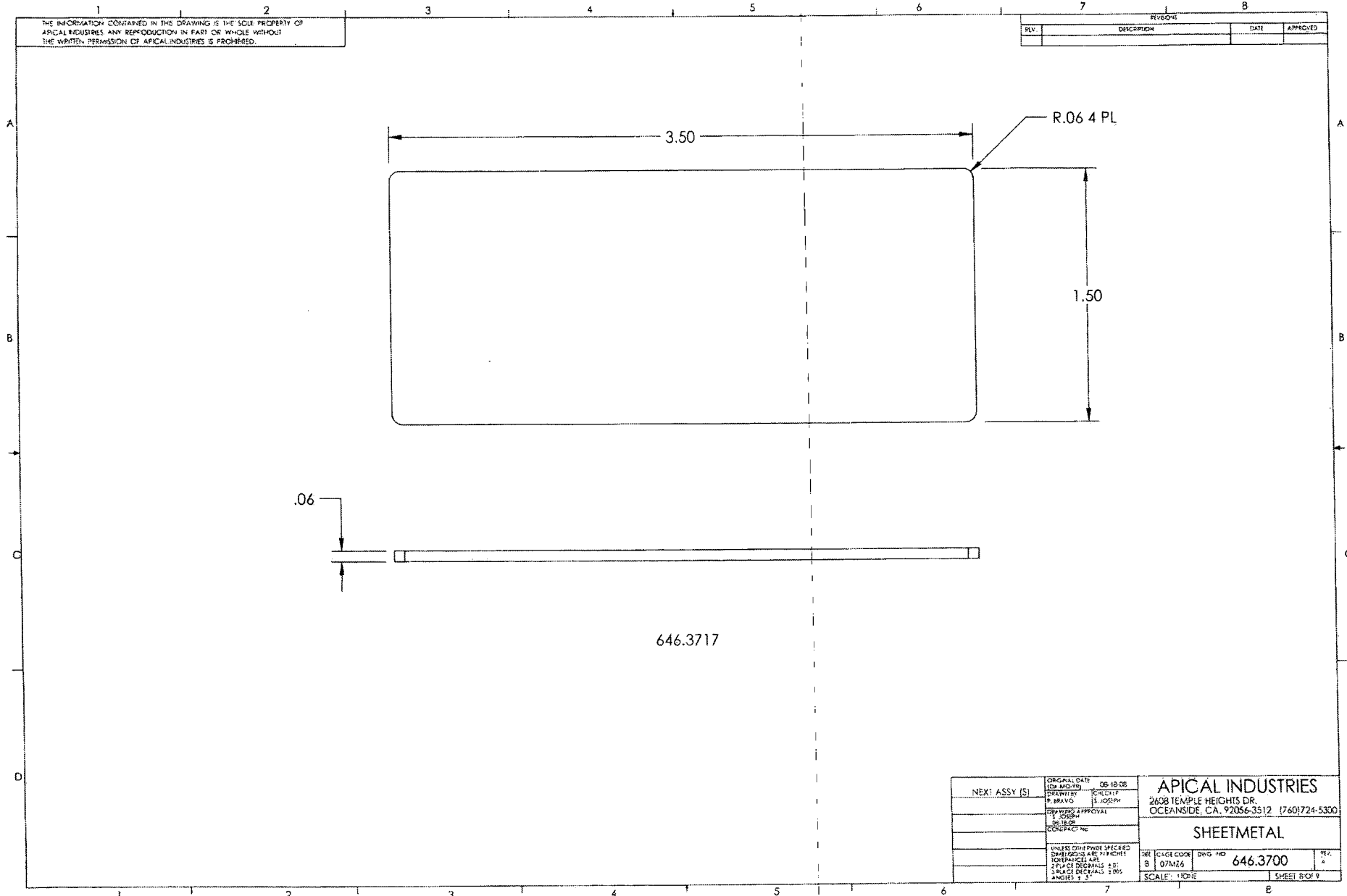
FLAT PATTERN



| | | | | | |
|---------------|--|---|--|--|--|
| NEXT ASSY (S) | | ORIGINAL DATE 05/15/08 DRAWN BY: J. JOSEPH CHECKED BY: J. JOSEPH DATE: 07/02/08 DRAWING APPROVED BY: J. JOSEPH UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: 2 PLACE DECIMALS ±.01 3 PLACE DECIMALS ±.005 ANGLES ±.5° | | APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA 92056-3512 (760)724-5300 | |
| | | | | SHEETMETAL | |
| | | CAGE CODE: B 07026 | | DWG NO: 646.3700 | |
| | | SCALE: NONE | | SHEET 7 OF 9 | |

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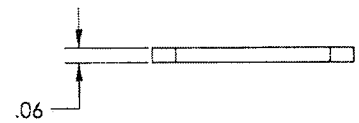
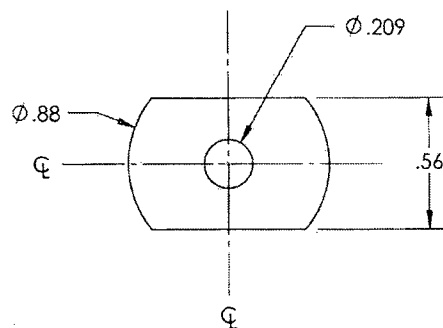
| REVISIONS | | | |
|-----------|-------------|------|----------|
| REV. | DESCRIPTION | DATE | APPROVED |
| | | | |



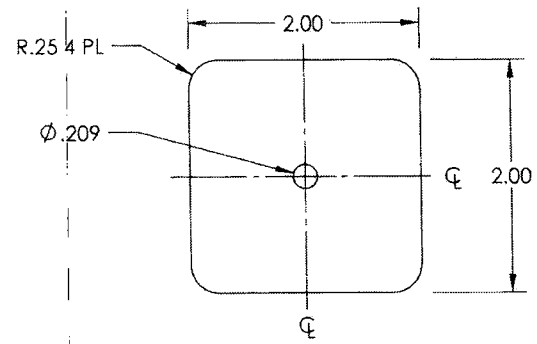
| | | | | |
|--|----------------------|-----------|--|--------------|
| NEXT ASSY (S) | ORIGINAL DATE | 06-18-08 | APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300 | |
| | DRAWN BY | SCHEIDT | | |
| | P. BRAVO | J. JOSEPH | | |
| | DESIGNED BY | JOSEPH | | |
| UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: FRACTIONS DECIMALS ANGLES | DESIGNED BY APPROVAL | | SHEETMETAL 646.3700 | SHEET 8 OF 9 |
| | BY NAME | | | |
| | CONTRACT NO. | | | |
| | | | | |
| | SCALE | 1:100E | | |

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| REV. | DESCRIPTION | DATE | APPROVED |
|------|-------------|------|----------|
| | | | |



646.3718



646.3719

| | | | |
|--|-------------|-----------------|--|
| NEXT ASSY (S) | DESIGN DATE | 08-16-00 | APICAL INDUSTRIES 2808 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300 |
| | DRAWN BY | WICKER | |
| | CHECKED | J. JOHNS | |
| | APPROVED | S. JOHNS | |
| CONTRACT NO. | | SHEETMETAL | |
| UNLESS OTHERWISE SPECIFIED, DIMENSIONS ARE IN INCHES | | REV | REV |
| TOLERANCES ARE: | | B | 07/02/06 |
| 2 PLACE DECIMALS ±.01 | | DWD NO 646.3700 | |
| 3 PLACE DECIMALS ±.005 | | SCALE: NONE | |
| 4 PLACE DECIMALS ±.0005 | | SHEET # OF 5 | |



Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID PO23155

Purchase Order Date 2/26/2014

PO Print Date 2/26/2014

Page Number 1 of 2

Order From :

SOUTHLAND FABRICATION
411 INDUSTRIAL WAY
FALLBROOK, CALIFORNIA 92028

VU-SOU004

Ship To : DART AEROSPACE LTD
1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

FORWARDED
02/26/2014

Contact Name

Vendor Phone 760-723-4006

Ship To Contact

Ship To Phone

Ship Via: FedEx PI collect

Ship Acct:

Buyer

Chantal Lavoie

Customer POID

Customer Tax # 10127-2607

Terms

Net 30

Currency

USD

FOB

Destination-Collect

| Line Nbr | Reference Vendor Part Number Line Comments Delivery Comments | Description/ Mfg ID | Req Date/ Taxable Promise Date | CD | Req Qty/ Unit of Measure | PO Unit Price | Extended Price |
|--|---|------------------------|--------------------------------------|----|--------------------------------|---------------|-------------------|
| 1 | 646.3710P | Doubler | 3/28/2014 Yes 3/28/2014 | | 30.00 Each | \$268.00 | \$8,040.00 |
| AS PER DWG 646.3710 REV. A B97175 NOTE: BLACK HARD ANODIZE AND PRIMER IS INCLUDED IN PRICE | | | | | | | |

Line Total: \$8,040.00

| | | | | | | | |
|--|----------|--|------------------------------|--|------|--------|--------|
| 2 | 71401-45 | | 3/28/2014 No 3/28/2014 | | 1.00 | \$0.00 | \$0.00 |
| Procurement Quality Clauses A004 FAA-PMA /TSO A005 RIGHT OF ENTRY A007 FIRST ARTICLE INSPECTION (FAI) BY SELLER, (DOCUMENTATION MAINTAINED BY SUPPLIER) A016 PERSONNEL QUALIFICATION A024 PROCESS CERTIFICATIONS A025 CERTIFICATE OF CONFORMANCE A041 QUALITY MANAGEMENT SYSTEM A042 DART NOTIFICATION BY SUPPLIER A043 RETENTION OF QUALITY DOCUMENTS | | | | | | | |

Note:

2/26/2014

SOUTHLAND FABRICATION
411 INDUSTRIAL WAY
FALLBROOK, CA. 92028

PACKING SLIP

No : 00013838

To: Dart Aerospace Ltd
1270 Aberdeen Street

ShipTo: Dart Aerospace Ltd
1270 Aberdeen Street

Hawkesbury, ON K6A 1K7

Hawkesbury

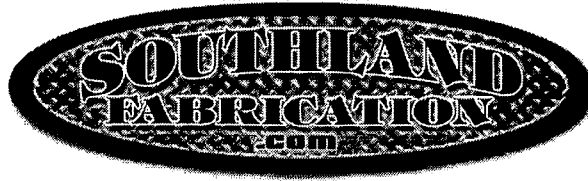
ON K6A 1K7

| Ship VIA | P.O. # | FOB | Date | Page |
|----------|---------|--------|------------|------|
| Fed Ex | PO23155 | ORIGIN | 03/28/2014 | 1 |

| Quantity | Part Number | Rev | Job # |
|----------|---------------------|-----|----------|
| 30 | 646.3710 Doubler | A | 00012781 |

Received By: _____

Date: _____



411 Industrial Way
Fallbrook, CA 92028
Ph: 760-723-4006

Certificate Of Compliance

Date : 03/28/2014

Job No. : 00012781

Customer : Dart Aerospace Ltd

P.O. Number : PO23155

Part Number : 646.3710

A

Quantity : 30

Description : Doubler

We hereby certify that all parts and/or material supplied by us have been produced in conformance with all contractually applicable purchaser's specification as referenced in the purchase order and/or drawing(s) supplied.

By: _____

A handwritten signature in black ink, appearing to be "John", is written over a horizontal line.

Date: _____

3.28.14